



Final 2/21/05

USE IN LIEU OF PTO/SB/17 (11-04)
Reflects USPTO filing fees in effect from 12/___/04

FEE TRANSMITTAL For FY 2005 <i>(Reflects USPTO filing fees in effect from 12/08/04)</i>				Complete if Known																																																																																																																															
				Application Number		09/881,746																																																																																																																													
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date		June 18, 2001																																																																																																																															
		First Named Inventor		Bella et al.																																																																																																																															
		Examiner Name		Meltin Bell																																																																																																																															
TOTAL AMOUNT OF PAYMENT		(\$)		120.00		Art Unit		2121																																																																																																																											
						Attorney Docket No.		37005-171895																																																																																																																											
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																															
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP The Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments to the above-identified deposit account. <input type="checkbox"/> Other (please identify): _____				2. EXTRA CLAIM FEES <table border="1" style="width:100%"><thead><tr><th>Fee Description</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Each claim over 20</td><td>50</td><td>25</td></tr><tr><td>Each independent claim over 3</td><td>200</td><td>100</td></tr><tr><td>Multiple dependent claims</td><td>360</td><td>180</td></tr><tr><td>For Reissues, each claim over 20 and more than in the original patent</td><td>50</td><td>25</td></tr><tr><td>For Reissues, each independent claim more than in the original patent</td><td>200</td><td>100</td></tr><tr><td colspan="3">Total Claims - 20 = 0 x 50 = 0.00</td></tr><tr><td colspan="3">Indep. Claims - 3 = 0 x 200.00 = 0.00</td></tr><tr><td colspan="3">Multiple Dependent Claims Fee (\$) 180.00</td></tr><tr><td colspan="3">Subtotal (2) \$ _____</td></tr></tbody></table>				Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	50	25	Each independent claim over 3	200	100	Multiple dependent claims	360	180	For Reissues, each claim over 20 and more than in the original patent	50	25	For Reissues, each independent claim more than in the original patent	200	100	Total Claims - 20 = 0 x 50 = 0.00			Indep. Claims - 3 = 0 x 200.00 = 0.00			Multiple Dependent Claims Fee (\$) 180.00			Subtotal (2) \$ _____																																																																																																
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Signature				Registration No. (Attorney/Agent)		43,466		Telephone (202) 344-4000																																																																																																																											
Name (Print/Type)		Ralph P. Albrecht		Date		4/13/05																																																																																																																													

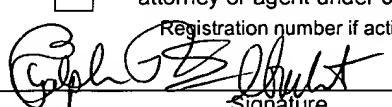


PTO/SB/22 (12-04)

Approved for use through 7/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 37005-171895	
Application Number 09/881,746-Conf. #8757		Filed June 18, 2001	
For SCALEABLE OBJECT RECOGNITION WITH A BELIEF MODEL			
Art Unit 2121		Examiner M. Bell	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60 \$ 120.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225 \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510 \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795 \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 \$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>22-0261</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>43,466</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34 _____			
 _____ Signature		<u>4/13/05</u> _____ Date	
Ralph P. Albrecht _____ Typed or printed name		(202) 344-8166 _____ Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.			

04/14/2005 SZWDIE1 00000159 220261 09881746

01 FC:1251 120.00 DA